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If I do decide I want a lawyer's help,
where should I go?

If you already have a lawyer who has helped you with other matters, that may be a good place to start.

If you do not have a lawyer, and you are 60 years of age or older, you can call the office of Legal Services for the Elderly nearest your home, for help free of charge:

Augusta 289-2220

Brewer 941-2865 or 1-800-432-7812

Lewiston 795-4010 or 1-800-427-1241

Portland 775-6503 or 1-800-427-7411

Presque
Isle 764-3396 or 1-800-432-1789

If you are under 60 and want a lawyer's help in preparing a Living will or Durable Power of Attorney, you can get help by calling the Maine State Bar Association's Lawyer Referral and Information Service at 622-1460. For a fee of \$15, this service will provide you the name and phone number of a lawyer in your area who can help you. The first half-hour consultation with the lawyer will be free of charge.

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HOW TO PREPARE A DURABLE
POWER OF ATTORNEY FOR HEALTH CARE

1. Fill in your name and address at the top of the form in the spaces provided, or else have someone else do this for you.
2. In the next spaces provided, write in the name, address, and phone number of the person whom you trust and whom you appoint to make decisions for you. This person is called your agent.
3. It is always possible that something could happen to the person whom you name as your "agent." The person might become sick or die, or might move away, or might not be available when you are in need. For this reason, you should consider naming another person to make decisions for you, just in case the first person you have named is not able to. If there is indeed another person whom you trust to make health care decisions for you and who is willing to help you in this way, then you should write in this person's name, address, and phone number in the spaces provided in the second paragraph. If you do not want to name a second person, then you may leave these spaces blank.

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(HSQB)

ATTACHMENT 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: **MAINE**

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

OFFICIAL

TN No. 95-015

Supersedes

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